

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: KIMBRO AFH I (0009940)
Address: 2018 WYOMING AVE, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 12/19/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094724 **End Date:** 04/21/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008216 Served 05/12/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS		

Survey ID: 0094765 **End Date:** 04/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008157 Served 04/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS		

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Provider Inspection Summary
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Survey ID: 0091068 **End Date:** 09/04/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007858 Served 10/01/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/21/2005	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	04/21/2005	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.09(2)(a)	SERVICE PROVIDER RECORD	04/21/2005	Yes
88.10(2)	EXPLANATION OF RESIDENT RIGHTS	04/21/2005	Yes
88.10(3)(e)	SELF-DIRECTION	04/21/2005	Yes

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Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Enforcement History

Date: 05/10/2005	SOD #10008216	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 04/01/2005	SOD #10008157	Appealed: No
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Sanctions

COMPLY WITH REQUIREMENT

Date: 09/26/2003	SOD #10007858	Appealed: No
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Sanctions

OTHER SANCTION

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Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
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Complaint History

Date Complaint Received: 08/05/2003

Date Investigation Completed: 09/04/2003

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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